

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 314
97TH GENERAL ASSEMBLY

1064L.03C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 195.070, 195.100, 208.152, 334.104, 335.016, 335.019, 335.046, 335.056, 335.066, 335.076, 335.086, and 338.198, RSMo, and to enact in lieu thereof thirteen new sections relating to nursing scope of practice.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 195.070, 195.100, 208.152, 334.104, 335.016, 335.019, 335.046, 335.056, 335.066, 335.076, 335.086, and 338.198, RSMo, are repealed and thirteen new sections enacted in lieu thereof, to be known as sections 195.070, 195.100, 208.152, 334.104, 335.016, 335.019, 335.046, 335.056, 335.066, 335.076, 335.086, 335.185, and 338.198, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104 **or under an attestation in accordance with section 335.016** may prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017. However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-hour supply without refill.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 3. A veterinarian, in good faith and in the course of the veterinarian's professional
17 practice only, and not for use by a human being, may prescribe, administer, and dispense
18 controlled substances and the veterinarian may cause them to be administered by an assistant or
19 orderly under his or her direction and supervision.

20 4. A practitioner shall not accept any portion of a controlled substance unused by a
21 patient, for any reason, if such practitioner did not originally dispense the drug.

22 5. An individual practitioner shall not prescribe or dispense a controlled substance for
23 such practitioner's personal use except in a medical emergency.

 195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
2 container unless such container bears a label containing an identifying symbol for such substance
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such
5 substance unless the labeling thereof conforms to the requirements of federal law and contains
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
9 narcotic or dangerous drug to any person other than the patient.

10 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and
14 form of controlled substance contained therein. No person except a pharmacist for the purpose
15 of filling a prescription under sections 195.005 to 195.425, shall alter, deface, or remove any
16 label so affixed.

17 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
18 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
19 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
20 which such drug is sold or dispensed a label showing his or her own name and address of the
21 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the
22 patient is an animal, the name of the owner of the animal and the species of the animal; the name
23 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
24 veterinarian by whom the prescription was written; [the name of the collaborating physician if
25 the prescription is written by an advanced practice registered nurse or] the supervising physician
26 if the prescription is written by a physician assistant, and such directions as may be stated on the
27 prescription. No person shall alter, deface, or remove any label so affixed.

 208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
2 persons as defined in section 208.151 who are unable to provide for it in whole or in part, with
3 any payments to be made on the basis of the reasonable cost of the care or reasonable charge for

4 the services as defined and determined by the MO HealthNet division, unless otherwise
5 hereinafter provided, for the following:

6 (1) Inpatient hospital services, except to persons in an institution for mental diseases who
7 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO
8 HealthNet division shall provide through rule and regulation an exception process for coverage
9 of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile
10 professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay
11 schedule; and provided further that the MO HealthNet division shall take into account through
12 its payment system for hospital services the situation of hospitals which serve a disproportionate
13 number of low-income patients;

14 (2) All outpatient hospital services, payments therefor to be in amounts which represent
15 no more than eighty percent of the lesser of reasonable costs or customary charges for such
16 services, determined in accordance with the principles set forth in Title XVIII A and B, Public
17 Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), but the
18 MO HealthNet division may evaluate outpatient hospital services rendered under this section and
19 deny payment for services which are determined by the MO HealthNet division not to be
20 medically necessary, in accordance with federal law and regulations;

21 (3) Laboratory and X-ray services;

22 (4) Nursing home services for participants, except to persons with more than five
23 hundred thousand dollars equity in their home or except for persons in an institution for mental
24 diseases who are under the age of sixty-five years, when residing in a hospital licensed by the
25 department of health and senior services or a nursing home licensed by the department of health
26 and senior services or appropriate licensing authority of other states or government-owned and
27 -operated institutions which are determined to conform to standards equivalent to licensing
28 requirements in Title XIX of the federal Social Security Act (42 U.S.C. 301, et seq.), as
29 amended, for nursing facilities. The MO HealthNet division may recognize through its payment
30 methodology for nursing facilities those nursing facilities which serve a high volume of MO
31 HealthNet patients. The MO HealthNet division when determining the amount of the benefit
32 payments to be made on behalf of persons under the age of twenty-one in a nursing facility may
33 consider nursing facilities furnishing care to persons under the age of twenty-one as a
34 classification separate from other nursing facilities;

35 (5) Nursing home costs for participants receiving benefit payments under subdivision
36 (4) of this subsection for those days, which shall not exceed twelve per any period of six
37 consecutive months, during which the participant is on a temporary leave of absence from the
38 hospital or nursing home, provided that no such participant shall be allowed a temporary leave
39 of absence unless it is specifically provided for in his plan of care. As used in this subdivision,
40 the term "temporary leave of absence" shall include all periods of time during which a participant
41 is away from the hospital or nursing home overnight because he is visiting a friend or relative;

42 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home,
43 or elsewhere;

44 (7) Drugs and medicines when prescribed by a licensed physician, dentist, [or] podiatrist,
45 **or an advanced practice registered nurse**; except that no payment for drugs and medicines
46 prescribed on and after January 1, 2006, by a licensed physician, dentist, [or] podiatrist, **or an**
47 **advanced practice registered nurse** may be made on behalf of any person who qualifies for
48 prescription drug coverage under the provisions of P.L. 108-173;

49 (8) Emergency ambulance services and, effective January 1, 1990, medically necessary
50 transportation to scheduled, physician-prescribed nonelective treatments;

51 (9) Early and periodic screening and diagnosis of individuals who are under the age of
52 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
53 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such
54 services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and
55 federal regulations promulgated thereunder;

56 (10) Home health care services;

57 (11) Family planning as defined by federal rules and regulations; provided, however, that
58 such family planning services shall not include abortions unless such abortions are certified in
59 writing by a physician to the MO HealthNet agency that, in his professional judgment, the life
60 of the mother would be endangered if the fetus were carried to term;

61 (12) Inpatient psychiatric hospital services for individuals under age twenty-one as
62 defined in Title XIX of the federal Social Security Act (42 U.S.C. 1396d, et seq.);

63 (13) Outpatient surgical procedures, including presurgical diagnostic services performed
64 in ambulatory surgical facilities which are licensed by the department of health and senior
65 services of the state of Missouri; except, that such outpatient surgical services shall not include
66 persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965
67 amendments to the federal Social Security Act, as amended, if exclusion of such persons is
68 permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security
69 Act, as amended;

70 (14) Personal care services which are medically oriented tasks having to do with a
71 person's physical requirements, as opposed to housekeeping requirements, which enable a person
72 to be treated by his physician on an outpatient rather than on an inpatient or residential basis in
73 a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
74 rendered by an individual not a member of the participant's family who is qualified to provide
75 such services where the services are prescribed by a physician in accordance with a plan of
76 treatment and are supervised by a licensed nurse. Persons eligible to receive personal care
77 services shall be those persons who would otherwise require placement in a hospital,
78 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services
79 shall not exceed for any one participant one hundred percent of the average statewide charge for

80 care and treatment in an intermediate care facility for a comparable period of time. Such
81 services, when delivered in a residential care facility or assisted living facility licensed under
82 chapter 198 shall be authorized on a tier level based on the services the resident requires and the
83 frequency of the services. A resident of such facility who qualifies for assistance under section
84 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the
85 fewest services. The rate paid to providers for each tier of service shall be set subject to
86 appropriations. Subject to appropriations, each resident of such facility who qualifies for
87 assistance under section 208.030 and meets the level of care required in this section shall, at a
88 minimum, if prescribed by a physician, be authorized up to one hour of personal care services
89 per day. Authorized units of personal care services shall not be reduced or tier level lowered
90 unless an order approving such reduction or lowering is obtained from the resident's personal
91 physician. Such authorized units of personal care services or tier level shall be transferred with
92 such resident if her or she transfers to another such facility. Such provision shall terminate upon
93 receipt of relevant waivers from the federal Department of Health and Human Services. If the
94 Centers for Medicare and Medicaid Services determines that such provision does not comply
95 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify
96 the revisor of statutes as to whether the relevant waivers are approved or a determination of
97 noncompliance is made;

98 (15) Mental health services. The state plan for providing medical assistance under Title
99 XIX of the Social Security Act, 42 U.S.C. 301, as amended, shall include the following mental
100 health services when such services are provided by community mental health facilities operated
101 by the department of mental health or designated by the department of mental health as a
102 community mental health facility or as an alcohol and drug abuse facility or as a child-serving
103 agency within the comprehensive children's mental health service system established in section
104 630.097. The department of mental health shall establish by administrative rule the definition
105 and criteria for designation as a community mental health facility and for designation as an
106 alcohol and drug abuse facility. Such mental health services shall include:

107 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
108 rehabilitative, and palliative interventions rendered to individuals in an individual or group
109 setting by a mental health professional in accordance with a plan of treatment appropriately
110 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
111 part of client services management;

112 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
113 rehabilitative, and palliative interventions rendered to individuals in an individual or group
114 setting by a mental health professional in accordance with a plan of treatment appropriately
115 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
116 part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(16) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to appropriation by the general assembly;

(17) [Beginning July 1, 1990,] The services of [a certified pediatric or family nursing practitioner] **an advanced practice registered nurse** with a collaborative practice agreement **or under an attestation in accordance with section 335.016** to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

(18) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and

b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two

155 otherwise available temporary leave of absence days provided under subdivision (5) of this
156 subsection; and

157 (d) The provisions of this subdivision shall not apply unless the nursing home receives
158 notice from the participant or the participant's responsible party that the participant intends to
159 return to the nursing home following the hospital stay. If the nursing home receives such
160 notification and all other provisions of this subsection have been satisfied, the nursing home shall
161 provide notice to the participant or the participant's responsible party prior to release of the
162 reserved bed;

163 (19) Prescribed medically necessary durable medical equipment. An electronic
164 web-based prior authorization system using best medical evidence and care and treatment
165 guidelines consistent with national standards shall be used to verify medical need;

166 (20) Hospice care. As used in this subdivision, the term "hospice care" means a
167 coordinated program of active professional medical attention within a home, outpatient and
168 inpatient care which treats the terminally ill patient and family as a unit, employing a medically
169 directed interdisciplinary team. The program provides relief of severe pain or other physical
170 symptoms and supportive care to meet the special needs arising out of physical, psychological,
171 spiritual, social, and economic stresses which are experienced during the final stages of illness,
172 and during dying and bereavement and meets the Medicare requirements for participation as a
173 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO
174 HealthNet division to the hospice provider for room and board furnished by a nursing home to
175 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement
176 which would have been paid for facility services in that nursing home facility for that patient,
177 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget
178 Reconciliation Act of 1989);

179 (21) Prescribed medically necessary dental services. Such services shall be subject to
180 appropriations. An electronic web-based prior authorization system using best medical evidence
181 and care and treatment guidelines consistent with national standards shall be used to verify
182 medical need;

183 (22) Prescribed medically necessary optometric services. Such services shall be subject
184 to appropriations. An electronic web-based prior authorization system using best medical
185 evidence and care and treatment guidelines consistent with national standards shall be used to
186 verify medical need;

187 (23) Blood clotting products-related services. For persons diagnosed with a bleeding
188 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
189 338.400, such services include:

190 (a) Home delivery of blood clotting products and ancillary infusion equipment and
191 supplies, including the emergency deliveries of the product when medically necessary;

192 (b) Medically necessary ancillary infusion equipment and supplies required to administer
193 the blood clotting products; and

194 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local
195 home health care agency trained in bleeding disorders when deemed necessary by the
196 participant's treating physician;

197 (24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter,
198 report the status of MO HealthNet provider reimbursement rates as compared to one hundred
199 percent of the Medicare reimbursement rates and compared to the average dental reimbursement
200 rates paid by third-party payers licensed by the state. The MO HealthNet division shall, by
201 July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare
202 reimbursement rates and for third-party payer average dental reimbursement rates. Such plan
203 shall be subject to appropriation and the division shall include in its annual budget request to the
204 governor the necessary funding needed to complete the four-year plan developed under this
205 subdivision.

206 2. Additional benefit payments for medical assistance shall be made on behalf of those
207 eligible needy children, pregnant women and blind persons with any payments to be made on the
208 basis of the reasonable cost of the care or reasonable charge for the services as defined and
209 determined by the division of medical services, unless otherwise hereinafter provided, for the
210 following:

211 (1) Dental services;

212 (2) Services of podiatrists as defined in section 330.010;

213 (3) Optometric services as defined in section 336.010;

214 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,
215 and wheelchairs;

216 (5) Hospice care. As used in this subsection, the term "hospice care" means a
217 coordinated program of active professional medical attention within a home, outpatient and
218 inpatient care which treats the terminally ill patient and family as a unit, employing a medically
219 directed interdisciplinary team. The program provides relief of severe pain or other physical
220 symptoms and supportive care to meet the special needs arising out of physical, psychological,
221 spiritual, social, and economic stresses which are experienced during the final stages of illness,
222 and during dying and bereavement and meets the Medicare requirements for participation as a
223 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO
224 HealthNet division to the hospice provider for room and board furnished by a nursing home to
225 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement
226 which would have been paid for facility services in that nursing home facility for that patient,
227 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget
228 Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for

Medicare and Medicaid Services does not approve the Missouri MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. 1396a (a)(13)(C).

10. The MO HealthNet division, may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178 shall not be considered as income for purposes of determining eligibility under this section.

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of

3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to
5 a registered professional nurse the authority to administer or dispense drugs and provide
6 treatment as long as the delivery of such health care services is within the scope of practice of
7 the registered professional nurse and is consistent with that nurse's skill, training and
8 competence.

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice nurse as defined in
12 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017;
15 except that, the collaborative practice arrangement shall not delegate the authority to administer
16 any controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose
17 of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
18 Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred
19 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
20 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
21 care services.

22 3. The written collaborative practice arrangement shall contain at least the following
23 provisions:

24 (1) Complete names, home and business addresses, zip codes, and telephone numbers
25 of the collaborating physician and the advanced practice registered nurse;

26 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
27 subsection where the collaborating physician authorized the advanced practice registered nurse
28 to prescribe;

29 (3) A requirement that there shall be posted at every office where the advanced practice
30 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
31 displayed disclosure statement informing patients that they may be seen by an advanced practice
32 registered nurse and have the right to see the collaborating physician;

33 (4) All specialty or board certifications of the collaborating physician and all
34 certifications of the advanced practice registered nurse;

35 (5) The manner of collaboration between the collaborating physician and the advanced
36 practice registered nurse, including how the collaborating physician and the advanced practice
37 registered nurse will:

38 (a) Engage in collaborative practice consistent with each professional's skill, training,
39 education, and competence; **and**

40 (b) [Maintain geographic proximity; and

41 (c)] Provide coverage during absence, incapacity, infirmity, or emergency by the
42 collaborating physician;

43 (6) A description of the advanced practice registered nurse's controlled substance
44 prescriptive authority in collaboration with the physician, including a list of the controlled
45 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
46 with each professional's education, knowledge, skill, and competence;

47 (7) A list of all other written practice agreements of the collaborating physician and the
48 advanced practice registered nurse;

49 (8) The duration of the written practice agreement between the collaborating physician
50 and the advanced practice registered nurse;

51 (9) A description of the time and manner of the collaborating physician's review of the
52 advanced practice registered nurse's delivery of health care services. The description shall
53 include provisions that the advanced practice registered nurse shall submit a minimum of ten
54 percent of the charts documenting the advanced practice registered nurse's delivery of health care
55 services to the collaborating physician for review by the collaborating physician, or any other
56 physician designated in the collaborative practice arrangement, every fourteen days; and

57 (10) The collaborating physician, or any other physician designated in the collaborative
58 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
59 charts in which the advanced practice registered nurse prescribes controlled substances. The
60 charts reviewed under this subdivision may be counted in the number of charts required to be
61 reviewed under subdivision (9) of this subsection.

62 4. The state board of registration for the healing arts pursuant to section 334.125 and the
63 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
64 collaborative practice arrangements. Such rules shall be limited to specifying [geographic areas
65 to be covered,] the methods of treatment that may be covered by collaborative practice
66 arrangements and the requirements for review of services provided pursuant to collaborative
67 practice arrangements including delegating authority to prescribe controlled substances. Any
68 rules relating to dispensing or distribution of medications or devices by prescription or
69 prescription drug orders under this section shall be subject to the approval of the state board of
70 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
71 prescription or prescription drug orders under this section shall be subject to the approval of the
72 department of health and senior services and the state board of pharmacy. In order to take effect,
73 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
74 board of registration for the healing arts nor the board of nursing may separately promulgate rules
75 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
76 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
77 subsection shall not extend to collaborative practice arrangements of hospital employees

78 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
79 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

80 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
81 otherwise take disciplinary action against a physician for health care services delegated to a
82 registered professional nurse provided [the provisions of this section and the rules promulgated
83 thereunder are satisfied] **the delivery of such health care services is within the scope of**
84 **practice of the registered professional nurse and is consistent with such nurse's skill,**
85 **training, and competence.** Upon the written request of a physician subject to a disciplinary
86 action imposed as a result of an agreement between a physician and a registered professional
87 nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all
88 records of such disciplinary licensure action and all records pertaining to the filing, investigation
89 or review of an alleged violation of this chapter incurred as a result of such an agreement shall
90 be removed from the records of the state board of registration for the healing arts and the division
91 of professional registration and shall not be disclosed to any public or private entity seeking such
92 information from the board or the division. The state board of registration for the healing arts
93 shall take action to correct reports of alleged violations and disciplinary actions as described in
94 this section which have been submitted to the National Practitioner Data Bank. In subsequent
95 applications or representations relating to his medical practice, a physician completing forms or
96 documents shall not be required to report any actions of the state board of registration for the
97 healing arts for which the records are subject to removal under this section.

98 6. Within thirty days of any change and on each renewal, the state board of registration
99 for the healing arts shall require every physician to identify whether the physician is engaged in
100 any collaborative practice agreement, including collaborative practice agreements delegating the
101 authority to prescribe controlled substances, or physician assistant agreement and also report to
102 the board the name of each licensed professional with whom the physician has entered into such
103 agreement. The board may make this information available to the public. The board shall track
104 the reported information and may routinely conduct random reviews of such agreements to
105 ensure that agreements are carried out for compliance under this chapter.

106 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
107 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
108 without a collaborative practice arrangement provided that he or she is under the supervision of
109 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
110 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
111 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
112 collaborative practice arrangement under this section, except that the collaborative practice
113 arrangement may not delegate the authority to prescribe any controlled substances listed in
114 Schedules III, IV, and V of section 195.017.

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent advanced practice registered nurses. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall **not** supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

13. A physician may enter into a transition-to-practice collaborative practice arrangement under section 335.185 with an advanced practice registered nurse resident, as defined in section 335.016.

335.016. As used in this chapter, unless the context clearly requires otherwise, the following words and terms mean:

(1) "Accredited", the official authorization or status granted by an agency for a program through a voluntary process;

(2) "Advanced practice registered nurse" or "APRN", a [nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse

8 anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying
9 which nationally recognized professional organization certifications are to be recognized for the
10 purposes of this section. Advanced practice nurses and only such individuals may use the title
11 "Advanced Practice Registered Nurse" and the abbreviation "APRN"] **person licensed under**
12 **this chapter to engage in the practice of advanced practice registered nursing as a certified**
13 **nurse practitioner, certified clinical nurse specialist, certified nurse midwife, or certified**
14 **registered nurse anesthetist;**

15 (3) (a) "Advanced practice registered nursing", the performance of an expanded
16 scope of nursing in a role of population focus approved by the board of nursing, with or
17 without compensation or personal profit, and includes the registered professional nurse
18 scope of practice.

19 (b) The scope of an APRN includes, but is not limited to, each of the following:

20 a. Advanced patient assessment and diagnosis;

21 b. Ordering diagnostic and therapeutic tests and procedures, performing such tests
22 and procedures when using health care equipment, and interpreting and using the results
23 of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse
24 or another health care professional;

25 c. Ordering treatments, ordering or applying appropriate medical devices, and
26 using nursing, medical, therapeutic, and corrective measures to treat illness and improve
27 health status;

28 d. Providing palliative and end-of-life care;

29 e. Providing advanced counseling, patient education, health education, and patient
30 advocacy;

31 f. Prescriptive authority, as defined in section 195.070, and described in section
32 335.019;

33 g. Delegating selected nursing activities or tasks to a licensed practical nurse,
34 registered professional nurse, or other personnel; and

35 h. Serving as primary care providers of record and practicing as a licensed health
36 care practitioner.

37 (c) Each APRN is accountable to patients, the nursing profession, and the board
38 of nursing for:

39 a. Having a written attestation upon completion of the transition to practice
40 requirement under section 335.185 for a safe mechanism for consultation, care
41 coordination, or referral with a physician or other health care providers;

42 b. Complying with the requirements of the nursing practice act and the quality of
43 advanced nursing care rendered;

44 c. Recognizing limits of knowledge and experience;

45 d. Planning for the management of situations beyond the APRN's expertise; and

46 e. Consulting with or referring patients to other health care providers as necessary;
47 (4) "Advanced practice registered nurse resident" or "APRN resident", an
48 advanced practice registered nurse graduate with fewer than thirty-six months and three
49 thousand six hundred hours of licensed active advanced nursing practice in an initial role
50 and population focus and who is subject to the requirements of section 335.185;
51 (5) "Approval", official recognition of nursing education programs which meet standards
52 established by the board of nursing;
53 [(4)] (6) "Board" or "state board", the state board of nursing;
54 [(5)] (7) "Certified clinical nurse specialist", a registered nurse who **has completed an**
55 **accredited graduate-level education program and** is currently certified as a clinical nurse
56 specialist by a nationally recognized certifying board approved by the board of nursing;
57 [(6)] (8) "Certified nurse midwife", a registered nurse who **has completed an accredited**
58 **graduate-level education program and** is currently certified as a nurse midwife by the
59 American College of Nurse Midwives, or other nationally recognized certifying body approved
60 by the board of nursing;
61 [(7)] (9) "Certified nurse practitioner", a registered nurse who **has completed an**
62 **accredited graduate-level education program and** is currently certified as a nurse practitioner
63 by a nationally recognized certifying body approved by the board of nursing;
64 [(8)] (10) "Certified registered nurse anesthetist", a registered nurse who **has completed**
65 **an accredited graduate-level education program and** is currently certified as a nurse
66 anesthetist by the [Council on Certification of Nurse Anesthetists, the Council on] **National**
67 **Board of Certification and** Recertification of Nurse Anesthetists, or other nationally recognized
68 certifying body approved by the board of nursing;
69 [(9)] (11) "Executive director", a qualified individual employed by the board as executive
70 secretary or otherwise to administer the provisions of this chapter under the board's direction.
71 Such person employed as executive director shall not be a member of the board;
72 [(10)] (12) "Inactive nurse", as defined by rule pursuant to section 335.061;
73 [(11)] (13) "Lapsed license status", as defined by rule under section 335.061;
74 [(12)] (14) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to
75 the provisions of this chapter to engage in the practice of practical nursing;
76 [(13)] (15) "Licensure", the issuing of a license to practice **advanced practice**,
77 professional, or practical nursing to candidates who have met the specified requirements and the
78 recording of the names of those persons as holders of a license to practice **advanced practice**,
79 professional, or practical nursing;
80 [(14)] (16) "Practical nursing", the performance for compensation of selected acts for the
81 promotion of health and in the care of persons who are ill, injured, or experiencing alterations
82 in normal health processes. Such performance requires substantial specialized skill, judgment
83 and knowledge. All such nursing care shall be given under the direction of a person licensed by

84 a state regulatory board to prescribe medications and treatments or under the direction of a
85 registered professional nurse. For the purposes of this chapter, the term "direction" shall mean
86 guidance or supervision provided by a person licensed by a state regulatory board to prescribe
87 medications and treatments or a registered professional nurse, including, but not limited to, oral,
88 written, or otherwise communicated orders or directives for patient care. When practical nursing
89 care is delivered pursuant to the direction of a person licensed by a state regulatory board to
90 prescribe medications and treatments or under the direction of a registered professional nurse,
91 such care may be delivered by a licensed practical nurse without direct physical oversight;

92 [(15)] (17) "Professional nursing", the performance for compensation of any act which
93 requires substantial specialized education, judgment and skill based on knowledge and
94 application of principles derived from the biological, physical, social and nursing sciences,
95 including, but not limited to:

96 (a) Responsibility for the teaching of health care and the prevention of illness to the
97 patient and his or her family;

98 (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill,
99 injured or experiencing alterations in normal health processes;

100 (c) The administration of medications and treatments as prescribed by a person licensed
101 by a state regulatory board to prescribe medications and treatments;

102 (d) The coordination and assistance in the delivery of a plan of health care with all
103 members of a health team;

104 (e) The teaching and supervision of other persons in the performance of any of the
105 foregoing;

106 [(16) A] (18) "Registered professional nurse" or "registered nurse", a person licensed
107 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

108 [(17)] (19) "Retired license status", any person licensed in this state under this chapter
109 who retires from such practice. Such person shall file with the board an affidavit, on a form to
110 be furnished by the board, which states the date on which the licensee retired from such practice,
111 an intent to retire from the practice for at least two years, and such other facts as tend to verify
112 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the
113 practice, the licensee shall renew his or her license with the board as provided by this chapter and
114 by rule and regulation.

335.019. 1. The board of nursing may grant a certificate of controlled substance
2 prescriptive authority to an advanced practice registered nurse who:

3 (1) Submits proof of successful completion of an advanced pharmacology course that
4 shall include preceptorial experience in the prescription of drugs, medicines and therapeutic
5 devices; and

6 (2) Provides documentation of a minimum of three hundred clock hours preceptorial
7 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified
8 preceptor; and

9 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced
10 practice nursing category prior to application for a certificate of prescriptive authority. The one
11 thousand hours shall not include clinical hours obtained in the advanced practice nursing
12 education program. The one thousand hours of practice in an advanced practice nursing category
13 may include transmitting a prescription order orally or telephonically or to an inpatient medical
14 record from protocols developed in collaboration with and signed by a licensed physician; and

15 (4) Has a controlled substance prescribing authority delegated in the collaborative
16 practice arrangement under section 334.104 **or is under an attestation in accordance with**
17 **section 335.016** with a physician who has an unrestricted federal Drug Enforcement
18 Administration registration number and who is actively engaged in a practice comparable in
19 scope, specialty, or expertise to that of the advanced practice registered nurse.

20 **2. All licensed APRNs are authorized to:**

21 **(1) Diagnose, prescribe, and institute therapy or referrals of patients to health care**
22 **providers and community resources;**

23 **(2) Prescribe, procure, administer, and dispense free samples; and**

24 **(3) Plan and initiate a therapeutic regimen that includes ordering and prescribing**
25 **medical devices and equipment, nutrition, and diagnostic and supportive services,**
26 **including but not limited to home health care, hospice, and physical and occupational**
27 **therapy.**

28 **2. Notwithstanding the provisions of any other law to the contrary, a certified**
29 **registered nurse anesthetist, as defined in section 335.016, shall provide anesthesia services**
30 **under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who**
31 **is immediately available if needed.**

335.046. 1. [An applicant for a license to practice as a registered professional nurse shall
2 submit to the board a written application on forms furnished to the applicant. The original
3 application shall contain the applicant's statements showing the applicant's education and other
4 such pertinent information as the board may require. The applicant shall be of good moral
5 character and have completed at least the high school course of study, or the equivalent thereof
6 as determined by the state board of education, and have successfully completed the basic
7 professional curriculum in an accredited or approved school of nursing and earned a professional
8 nursing degree or diploma. Each application shall contain a statement that it is made under oath
9 or affirmation and that its representations are true and correct to the best knowledge and belief
10 of the person signing same, subject to the penalties of making a false affidavit or declaration.
11 Applicants from non-English-speaking lands shall be required to submit evidence of proficiency
12 in the English language. The applicant must be approved by the board and shall pass an

13 examination as required by the board. The board may require by rule as a requirement for
14 licensure that each applicant shall pass an oral or practical examination. Upon successfully
15 passing the examination, the board may issue to the applicant a license to practice nursing as a
16 registered professional nurse. The applicant for a license to practice registered professional
17 nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for
18 all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

19 2. An applicant for license to practice as a licensed practical nurse shall submit to the
20 board a written application on forms furnished to the applicant. The original application shall
21 contain the applicant's statements showing the applicant's education and other such pertinent
22 information as the board may require. Such applicant shall be of good moral character, and have
23 completed at least two years of high school, or its equivalent as established by the state board of
24 education, and have successfully completed a basic prescribed curriculum in a state-accredited
25 or approved school of nursing, earned a nursing degree, certificate or diploma and completed a
26 course approved by the board on the role of the practical nurse. Each application shall contain
27 a statement that it is made under oath or affirmation and that its representations are true and
28 correct to the best knowledge and belief of the person signing same, subject to the penalties of
29 making a false affidavit or declaration. Applicants from non-English-speaking countries shall
30 be required to submit evidence of their proficiency in the English language. The applicant must
31 be approved by the board and shall pass an examination as required by the board. The board may
32 require by rule as a requirement for licensure that each applicant shall pass an oral or practical
33 examination. Upon successfully passing the examination, the board may issue to the applicant
34 a license to practice as a licensed practical nurse. The applicant for a license to practice licensed
35 practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be
36 uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by
37 rule.] **An applicant for initial licensure to practice as a registered professional nurse shall:**

38 **(1) Submit a completed written application, as established by the board of nursing,**
39 **which shall contain:**

40 **(a) The applicant's statement showing the applicant's education and other such**
41 **pertinent information as the board may require;**

42 **(b) A statement that it is made under oath or affirmation and that its**
43 **representations are true and correct to the best knowledge and belief of the applicant,**
44 **subject to the penalties of making a false affidavit or declaration;**

45 **(2) Be of good moral character and have completed at least the high school course**
46 **of study, or the equivalent thereof, as determined by the state board of education, and have**
47 **successfully completed the basic professional curriculum in an accredited or approved**
48 **school of nursing and earned a professional nursing degree or diploma;**

49 **(3) For applicants from non-English-speaking lands, submit evidence of proficiency**
50 **in the English language and be licensed as prescribed by rule;**

51 (4) Be approved by the board and pass an examination required by the board. The
52 board may require by rule as a requirement for licensure that each applicant shall pass an
53 oral or practical examination. Upon successful passage of the examination, the board may
54 issue to the applicant a license to practice nursing as a registered professional nurse;

55 (5) Pay a license fee in an amount established by the board by rule, which shall be
56 uniform for all applicants; and

57 (6) Provide other evidence as required by the board by rule.

58 2. An applicant for initial licensure to practice as a licensed practical nurse shall:

59 (1) Submit a completed written application, as established by the board of nursing,
60 which shall contain:

61 (a) The applicant's statement showing the applicant's education and other such
62 pertinent information as the board may require;

63 (b) A statement that it is made under oath or affirmation and that its
64 representations are true and correct to the best knowledge and belief of the applicant,
65 subject to the penalties of making a false affidavit or declaration;

66 (2) Be of good moral character and have completed at least two years of high
67 school, or its equivalent as established by the state board of education, and have
68 successfully completed a basic prescribed curriculum in a state-accredited or approved
69 school of nursing, earned a nursing degree, certificate, or diploma and completed a course
70 approved by the board on the role of the practical nurse;

71 (3) For applicants from non-English-speaking lands, submit evidence of proficiency
72 in the English language and be licensed as prescribed by rule;

73 (4) Be approved by the board and pass an examination required by the board. The
74 board may require by rule as a requirement for licensure that each applicant shall pass an
75 oral or practical examination. Upon successful passage of the examination, the board may
76 issue to the applicant a license to practice nursing as a licensed practical nurse;

77 (5) Pay a license fee in an amount established by the board by rule, which shall be
78 uniform for all applicants; and

79 (6) Provide other evidence as required by the board by rule.

80 3. An applicant for initial licensure to practice as an advanced practice registered
81 nurse shall:

82 (1) Submit a completed written application, as established by the board of nursing,
83 which shall contain:

84 (a) The applicant's statement showing the applicant's education and other such
85 pertinent information as the board may require;

86 (b) A statement that it is made under oath or affirmation and that its
87 representations are true and correct to the best knowledge and belief of the applicant,
88 subject to the penalties of making a false affidavit or declaration;

89 **(2) Be of good moral character and meets the following educational requirements:**

90 **(a) Prior to July 1, 1998, completion of a formal post basic educational program**
91 **from or formally affiliated with an accredited college, university, or hospital of at least one**
92 **academic year, which includes advanced practice nursing theory and clinical nursing**
93 **practice, leading to a graduate degree or certificate with a concentration in an advanced**
94 **practice nursing clinical specialty area;**

95 **(b) After July 1, 1998, completion of a graduate degree from an accredited college**
96 **or university with a concentration in an advanced practice nursing clinical specialty area,**
97 **which includes advanced nursing theory and clinical nursing practice;**

98 **(c) After January 1, 2009, completion of an accredited graduate-level advanced**
99 **practice registered nurse program in one of the four roles and at least one population**
100 **focus;**

101 **(3) Be currently certified by a national certifying body recognized by the board of**
102 **nursing in the advanced practice registered nurse role and population foci appropriate to**
103 **educational preparation;**

104 **(4) For applicants from non-English-speaking lands, submit evidence of proficiency**
105 **in the English language and be licensed as prescribed by rule;**

106 **(5) Pay a license fee in an amount established by the board by rule, which shall be**
107 **uniform for all applicants. Upon issuance of an advanced practice registered nurse license,**
108 **the license holder's APRN license and RN license shall be treated as one license for the**
109 **purpose of license renewal and assessment of license renewal fees;**

110 **(6) Provide other evidence as required by the board by rule; and**

111 **(7) Any person holding a document of recognition to practice nursing as an**
112 **advanced practice registered nurse in this state which is valid on August 28, 2013, shall be**
113 **deemed to be licensed as an APRN under this section.**

114 **[3.] 4.** Upon refusal of the board to allow any applicant to sit for either the registered
115 professional nurses' examination or the licensed practical nurses' examination, as the case may
116 be, the board shall comply with the provisions of section 621.120 and advise the applicant of his
117 or her right to have a hearing before the administrative hearing commission. The administrative
118 hearing commission shall hear complaints taken pursuant to section 621.120.

119 **[4.] 5.** The board shall not deny a license because of sex, religion, race, ethnic origin, age
120 or political affiliation.

 335.056. The license of every person licensed under the provisions of [sections 335.011
2 to 335.096] **section 335.046** shall be renewed as provided. An application for renewal of license
3 shall be mailed to every person to whom a license was issued or renewed during the current
4 licensing period. The applicant shall complete the application and return it to the board by the
5 renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform
6 for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner

7 of nursing for the period stated in the certificate of renewal. Any person who practices nursing
8 **as an advanced practice registered nurse**, as a registered professional nurse, or as a licensed
9 practical nurse during the time his **or her** license has lapsed shall be considered an illegal
10 practitioner and shall be subject to the penalties provided for violation of the provisions of
11 sections 335.011 to [335.096] **335.099**.

335.066. 1. The board may refuse to issue or reinstate any certificate of registration or
2 authority, permit or license required pursuant to chapter 335 for one or any combination of
3 causes stated in subsection 2 of this section or the board may, as a condition to issuing or
4 reinstating any such permit or license, require a person to submit himself or herself for
5 identification, intervention, treatment, or rehabilitation by the impaired nurse program as
6 provided in section 335.067. The board shall notify the applicant in writing of the reasons for
7 the refusal and shall advise the applicant of his or her right to file a complaint with the
8 administrative hearing commission as provided by chapter 621.

9 2. The board may cause a complaint to be filed with the administrative hearing
10 commission as provided by chapter 621 against any holder of any certificate of registration or
11 authority, permit or license required by sections 335.011 to [335.096] **335.099** or any person who
12 has failed to renew or has surrendered his or her certificate of registration or authority, permit
13 or license for any one or any combination of the following causes:

14 (1) Use or unlawful possession of any controlled substance, as defined in chapter 195,
15 or alcoholic beverage to an extent that such use impairs a person's ability to perform the work
16 of any profession licensed or regulated by sections 335.011 to [335.096] **335.099**;

17 (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty
18 or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United
19 States, for any offense reasonably related to the qualifications, functions or duties of any
20 profession licensed or regulated pursuant to sections 335.011 to [335.096] **335.099**, for any
21 offense an essential element of which is fraud, dishonesty or an act of violence, or for any
22 offense involving moral turpitude, whether or not sentence is imposed;

23 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of
24 registration or authority, permit or license issued pursuant to sections 335.011 to [335.096]
25 **335.099** or in obtaining permission to take any examination given or required pursuant to
26 sections 335.011 to [335.096] **335.099**;

27 (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by
28 fraud, deception or misrepresentation;

29 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty
30 in the performance of the functions or duties of any profession licensed or regulated by sections
31 335.011 to [335.096] **335.099**;

32 (6) Violation of, or assisting or enabling any person to violate, any provision of sections
33 335.011 to [335.096] **335.099**, or of any lawful rule or regulation adopted pursuant to sections
34 335.011 to [335.096] **335.099**;

35 (7) Impersonation of any person holding a certificate of registration or authority, permit
36 or license or allowing any person to use his or her certificate of registration or authority, permit,
37 license or diploma from any school;

38 (8) Disciplinary action against the holder of a license or other right to practice any
39 profession regulated by sections 335.011 to [335.096] **335.099** granted by another state, territory,
40 federal agency or country upon grounds for which revocation or suspension is authorized in this
41 state;

42 (9) A person is finally adjudged insane or incompetent by a court of competent
43 jurisdiction;

44 (10) Assisting or enabling any person to practice or offer to practice any profession
45 licensed or regulated by sections 335.011 to [335.096] **335.099** who is not registered and
46 currently eligible to practice pursuant to sections 335.011 to [335.096] **335.099**;

47 (11) Issuance of a certificate of registration or authority, permit or license based upon
48 a material mistake of fact;

49 (12) Violation of any professional trust or confidence;

50 (13) Use of any advertisement or solicitation which is false, misleading or deceptive to
51 the general public or persons to whom the advertisement or solicitation is primarily directed;

52 (14) Violation of the drug laws or rules and regulations of this state, any other state or
53 the federal government;

54 (15) Placement on an employee disqualification list or other related restriction or finding
55 pertaining to employment within a health-related profession issued by any state or federal
56 government or agency following final disposition by such state or federal government or agency;

57 (16) Failure to successfully complete the impaired nurse program;

58 (17) **Prescribing, administering, or dispensing of a controlled substance that is**
59 **nontherapeutic in nature or nontherapeutic in the manner in which it is prescribed,**
60 **administered, or dispensed, or fails to keep complete and accurate records of the diagnosis**
61 **and treatment plan;**

62 (18) **Failure to keep complete and accurate records of controlled substances**
63 **received, prescribed, dispensed, and administered, and disposal of drugs listed in sections**
64 **195.005 to 195.425, or of controlled substances scheduled in the Federal Comprehensive**
65 **Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. Section 801, et seq.;**

66 (19) **Writing false or fictitious prescriptions for controlled substances as scheduled**
67 **in sections 195.005 to 195.425, or for controlled substances scheduled in the Federal**
68 **Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. Section 801,**
69 **et seq.;**

(20) Prescribing, administering, or dispensing in a manner which is inconsistent with sections 195.005 to 195.425, or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. Section 801, et seq.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed[;] . Any representative of the board is authorized to act as a court or judge would in that section[;] . Any employee of the board is authorized to act as a clerk would in that section.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to [335.096] **335.099** relative to the licensing of an applicant for the first time.

6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. If the board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse's license. Within fifteen days after service of the complaint on the nurse, the administrative hearing commission shall conduct a preliminary hearing to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justify that the nurse's license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety shall be upon the state board of nursing. The administrative hearing commission shall issue its decision immediately

107 after the hearing and shall either grant to the board the authority to suspend or restrict the license
108 or dismiss the action.

109 9. If the administrative hearing commission grants temporary authority to the board to
110 restrict or suspend the nurse's license, such temporary authority of the board shall become final
111 authority if there is no request by the nurse for a full hearing within thirty days of the preliminary
112 hearing. The administrative hearing commission shall, if requested by the nurse named in the
113 complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the
114 activities alleged in the initial complaint filed by the board.

115 10. If the administrative hearing commission refuses to grant temporary authority to the
116 board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal
117 shall not bar the board from initiating a subsequent disciplinary action on the same grounds.

335.076. 1. Any person who holds a license to practice professional nursing in this state
2 may use the title "Registered Professional Nurse" and the abbreviation "R.N.". No other person
3 shall use the title "Registered Professional Nurse" or the abbreviation "R.N.". No other person
4 shall assume any title or use any abbreviation or any other words, letters, signs, or devices to
5 indicate that the person using the same is a registered professional nurse.

6 2. Any person who holds a license to practice practical nursing in this state may use the
7 title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall use the title
8 "Licensed Practical Nurse" or the abbreviation "L.P.N.". No other person shall assume any title
9 or use any abbreviation or any other words, letters, signs, or devices to indicate that the person
10 using the same is a licensed practical nurse.

11 3. Any person who holds a license [or recognition] to practice advanced practice nursing
12 in this state [may] **shall have the right to** use the title "Advanced Practice Registered Nurse",
13 and the [abbreviation "APRN", and any other title designations appearing on his or her license]
14 **roles of "certified registered nurse anesthetist", "certified nurse midwife", "certified**
15 **clinical nurse specialist", and "certified nurse practitioner", and the abbreviations**
16 **"APRN", "CRNA", "CNM", "CNS", and "CNP", respectively.** No other person shall use
17 the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other person
18 shall assume any title or use any abbreviation or any other words, letters, signs, or devices to
19 indicate that the person using the same is an advanced practice registered nurse.

20 4. No person shall practice or offer to practice professional nursing, practical nursing,
21 or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to
22 indicate that such person is a practicing professional nurse, practical nurse, or advanced practice
23 nurse unless he or she has been duly licensed under the provisions of this chapter.

24 5. In the interest of public safety and consumer awareness, it is unlawful for any person
25 to use the title "nurse" in reference to himself or herself in any capacity, except individuals who
26 are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice
27 registered nurse under this chapter.

28 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a
29 Christian Science nurse from using the title "Christian Science nurse", so long as such person
30 provides only religious nonmedical services when offering or providing such services to those
31 who choose to rely upon healing by spiritual means alone and does not hold his or her own
32 religious organization and does not hold himself or herself out as a registered nurse, advanced
33 practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical
34 nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.

335.086. No person, firm, corporation or association shall:

- 2 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any
3 nursing diploma, license, renewal or record or aid or abet therein;
- 4 (2) Practice [professional or practical] nursing as defined by sections 335.011 to
5 [335.096] **335.099** under cover of any diploma, license, or record illegally or fraudulently
6 obtained or signed or issued unlawfully or under fraudulent representation;
- 7 (3) Practice [professional nursing or practical] nursing as defined by sections 335.011
8 to [335.096] **335.099** unless duly licensed to do so under the provisions of sections 335.011 to
9 [335.096] **335.099**;
- 10 (4) Use in connection with his **or her** name any designation tending to imply that he **or**
11 **she** is a licensed **advanced practice registered nurse**, a registered professional nurse or a
12 licensed practical nurse unless duly licensed so to practice under the provisions of sections
13 335.011 to [335.096] **335.099**;
- 14 (5) Practice [professional nursing or practical] nursing during the time his license issued
15 under the provisions of sections 335.011 to [335.096] **335.099** shall be suspended or revoked;
16 or
- 17 (6) Conduct a nursing education program for the preparation of professional or practical
18 nurses unless the program has been accredited by the board.

335.185. 1. Every advanced practice registered nurse resident, as defined in section
2 **335.016, shall have a transition-to-practice collaborative practice arrangement with a**
3 **physician as authorized under subsection 13 of section 334.104 and as required by board**
4 **rule. APRN residents shall have and maintain signed and dated copies of all required**
5 **transition-to-practice collaborative practice arrangements as part of the practice**
6 **guidelines. An APRN resident required to practice with a transition-to-practice**
7 **collaborative practice arrangement shall not engage in independent practice, except with**
8 **regard to a role and population focus in which the APRN resident has met the**
9 **requirements of this subsection.**

10 **2. An APRN resident who satisfies the requirements to engage in independent**
11 **practice under subsection 1 of this section shall notify the board that such requirements**
12 **have been met.**

13 **3. For purposes of this section, "population focus" means one or more of the**
14 **following areas:**

- 15 **(1) Family/individual across the life span;**
16 **(2) Adult gerontology;**
17 **(3) Neonatal;**
18 **(4) Pediatrics;**
19 **(5) Woman's health/gender related; and**
20 **(6) Psychiatric/mental health.**

 338.198. Other provisions of law to the contrary notwithstanding, a pharmacist may fill
2 a physician's prescription or the prescription of an advanced practice **registered** nurse [working
3 under a collaborative practice arrangement with a physician,] when it is forwarded to the
4 pharmacist by a registered professional nurse or registered physician's assistant or other
5 authorized agent. The [written collaborative practice arrangement shall specifically state that
6 the] registered professional nurse or registered physician assistant is permitted to authorize a
7 pharmacist to fill a prescription on behalf of the physician. **The registered professional nurse**
8 **is permitted to authorize a pharmacist to fill a prescription on behalf of the advanced**
9 **practice registered nurse.**

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